

# 6

Gypsy Moth Manual

## Survey Section

### *Preparing Specimens for ID*

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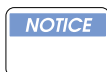
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#### Introduction

This section contains instructions for preparing and sending gypsy moth specimens.



If no one in a work station has authority to identify gypsy moth, the specimens must be sent to the Area Identifier for confirmation.

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#### Mailing Instructions for Specimens

##### Materials Needed

To preserve, record, and distribute specimens, have the following materials readily available:

- ◆ Approved killing agents
- ◆ Pill boxes
- ◆ **ARS-748 (Identification Request)** on **page 6-3** or **PPQ Form 391 (Specimens for Determination)** on **page 6-4**
- ◆ Shipping boxes or mailing tubes (envelopes)
- ◆ Vials for instars in ethyl alcohol

The ARS-748 is available online at the following Website:

<http://www.sel.barc.usda.gov/selhome/requests.htm>

### Adults from Traps

Use the following procedure when a suspected gypsy moth is found in a delta or a milk-carton trap:

1. Remove the whole trap without disturbing the moth.
2. Disassemble the trap and cut out the trap section containing the suspected gypsy moth.
3. Place the cut-out trap section in a pill box.
4. Send the pill box and a completed PPQ Form 391 (Specimens for Determination) to the appropriate Area Identifier.

As an alternative, replace the trap; send the assembled trap with the specimen and a completed Form ARS-798 (Identification Request) or PPQ Form 391 (Specimens for Determination) to the appropriate Area Identifier.

### All Other Life Stages

1. If the larvae are to be sent, boil the larvae in water before placing them in 70% ethyl alcohol. If pupae or egg masses are to be sent, place directly in 70% ethyl alcohol without boiling.
2. Using a soft lead pencil, write the collection number on bond paper and place the marked paper in the vial with the specimen.
3. Send each vial containing specimens with a completed PPQ Form 391 (Specimens for Determination) or Form ARS-798 (Identification Request) to the Area Identifier.

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL RESEARCH SERVICE—PLANT SCIENCES INSTITUTE SYSTEMATIC ENTOMOLOGY LABORATORY-TAXONOMIC SERVICES UNIT		IDENTIFICATION REQUEST	
<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• Please type all information.</li> <li>• Do not write in shaded areas.</li> <li>• Give explanations where requested in "Remarks" section at bottom of form.</li> <li>• Attach additional pages if (and only if) more space is needed.</li> </ul>		<b>TSU LOT NO.</b>	<b>TSU PRIORITY</b>
		<b>DATE</b>	<b>Sender's Reference No.</b>
		<b>DATE IDENTIFICATION REQUIRED</b> (month, day, year) if less than two months, explain below.	
		<b>TOTAL NUMBER SENT</b> Firmed:      Vials:      Slides:      Other:	
<b>NAME &amp; COMPLETE MAILING ADDRESS OF SENDER</b> (include Zip Code)		<b>RETURN TO</b> (if other than sender) (include Zip Code)	
<b>SOURCE</b> AR <input type="checkbox"/> ARS                      SU <input type="checkbox"/> State University AP <input type="checkbox"/> OS <input type="checkbox"/> Other State AQ <input type="checkbox"/> APHIS-PPQ              PU <input type="checkbox"/> Private University FS <input type="checkbox"/> FS                            IN <input type="checkbox"/> Individual DD <input type="checkbox"/> U.S. Military            CO <input type="checkbox"/> Commercial Organization OF <input type="checkbox"/> Other Federal            FN <input type="checkbox"/> Non-U.S. SA <input type="checkbox"/> State Agricultural Agency    CI <input type="checkbox"/> CICP		<b>REASON FOR IDENTIFICATION</b> (Check and complete as appropriate) <b>a</b> Biological control 1 <input type="checkbox"/> Scientific name of target pest; 2 <input type="checkbox"/> General quarantine or biocontrol research 3 <input type="checkbox"/> Identity of host of natural enemy 4 <input type="checkbox"/> Recovery of released natural enemy 5 <input type="checkbox"/> Suspected contaminant in culture 6 <input type="checkbox"/> Quarantine reference collection 7 <input type="checkbox"/> Voucher specimen of field release 8 <input type="checkbox"/> Holding living material pending identification <b>b</b> <input type="checkbox"/> Damaging crop, plants—identify host plants: <b>c</b> <input type="checkbox"/> Suspected pest of regulatory concern—give details below <b>d</b> <input type="checkbox"/> Stored product pest—commodity affected: <b>e</b> <input type="checkbox"/> Livestock, wildlife, or domestic animal pest—host: <b>f</b> <input type="checkbox"/> Danger to human health <b>g</b> <input type="checkbox"/> Household pest—damage: <b>h</b> <input type="checkbox"/> Possible immigrant—new to: <b>i</b> <input type="checkbox"/> Reference collection—for: <b>j</b> <input type="checkbox"/> Survey—explain in detail below <b>k</b> <input type="checkbox"/> Thesis problem—describe project below <input type="checkbox"/> M.S. <input type="checkbox"/> Ph.D. <b>l</b> <input type="checkbox"/> Other—explain below	
<b>LEVEL/TYPE OF IDENTIFICATION NEEDED</b> <input type="checkbox"/> Family <input type="checkbox"/> Genus <input type="checkbox"/> Species <input type="checkbox"/> Positive or negative verification of ecological group: <input type="checkbox"/> phytophagous <input type="checkbox"/> parasitic <input type="checkbox"/> predaceous <input type="checkbox"/> saprophagous <input type="checkbox"/> aphidophagous <input type="checkbox"/> other:			
<b>OTHER INFORMATION REQUESTED</b> —Will be supplied as conditions allow, as determined by taxonomist. Note reasons information is needed.			
<b>SOURCE OF PROJECT SUPPORT</b> <input type="checkbox"/> ARS <input type="checkbox"/> APHIS <input type="checkbox"/> FS <input type="checkbox"/> CSRS    Regional project no.: <input type="checkbox"/> Hatch <input type="checkbox"/> EPA <input type="checkbox"/> DOI <input type="checkbox"/> NIH <input type="checkbox"/> NSF <input type="checkbox"/> FAO <input type="checkbox"/> USAID <input type="checkbox"/> Other (Specify)			
<b>SPECIMEN DISPOSITION</b> —See instruction sheet. If you wish specimens returned, please provide justification below. Duplicate specimens encouraged—see instruction sheet. <input type="checkbox"/> Return <input type="checkbox"/> Keep or discard		<b>TELEPHONE REPORT REQUESTED</b> If yes, give number—include area code and extension. Requests are handled at the discretion of SEL, TSU.	
<b>DESCRIPTION OF PROJECT</b> —include Project Title and name of Project Leader. (Reference previous communications pertaining to this submittal)			
<b>REMARKS</b> (Explanations, tentative identification, etc.)		FOR TSU USE	
		DATE RECEIVED	
		NO. LABEL SORTED PREPARED	
		DATE ACCEPTED	
		CC's OR TEXT	
ARS-748 (9/88)                      ★ U.S.G.P.O. 1989-0-623-027/41148		<b>PART 1—SEL COPY</b>	

FIGURE 6-1: ARS-748 (Identification Request)

This report is authorized by law (7 U.S.C. 1472). While you are not required to respond, your cooperation is needed to make an accurate record of plant pest conditions. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>SPECIMENS FOR DETERMINATION</b>		See reverse for additional OMB information. FORM APPROVED OMB NO. 0570-0010																												
1. COLLECTION NUMBER 90-VH-064		2. DATE Month Day Year 06/26/90																												
3. SUBMITTING AGENCY <input checked="" type="checkbox"/> State <input type="checkbox"/> FPO <input type="checkbox"/> Other		4. NAME OF SENDER Vincent Hecht																												
5. ADDRESS OF SENDER P.O. Box 232 Aurora, IL 60411		6. TYPE OF PROPERTY (Farm, Feedlot, Nursery, etc.) Residence																												
7. NAME AND ADDRESS OF PROPERTY OR OWNER... Sam Jones 5862 Oak Tree Circle Joliet, IL 60431		8. REASON FOR IDENTIFICATION ("X" ALL applicable items) A. <input type="checkbox"/> Biological Control (Target Pest Name) E. <input type="checkbox"/> Livestock, Domestic Animal Pest B. <input type="checkbox"/> Damaging Crops/Plants H. <input type="checkbox"/> Possible Immigrant (Explain in REMARKS) C. <input type="checkbox"/> Suspected Pest of Regulatory Concern (Explain in REMARKS) J. <input checked="" type="checkbox"/> Survey (Explain in REMARKS) D. <input type="checkbox"/> Stored Product Pest L. <input type="checkbox"/> Other (Explain in REMARKS)																												
9. IF PROSELY OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".																														
10. HOST INFORMATION NAME OF HOST (Scientific name when possible) Quercus alba White Oak		11. QUANTITY OF HOST NUMBER OF SEEDPLANTS 10																												
12. PLANT DISTRIBUTION <input type="checkbox"/> LIMITED <input checked="" type="checkbox"/> SCATTERED <input type="checkbox"/> WIDESPREAD		13. PLANT PARTS AFFECTED <input checked="" type="checkbox"/> Leaves, Upper surface <input type="checkbox"/> Trunk/Bark <input type="checkbox"/> Buds, Tubers, Corms <input type="checkbox"/> Seeds <input checked="" type="checkbox"/> Leaves, Lower surface <input type="checkbox"/> Branches <input type="checkbox"/> Buds <input type="checkbox"/> Petiole <input type="checkbox"/> Growing Tips <input type="checkbox"/> Flowers <input type="checkbox"/> Stem <input type="checkbox"/> Roots <input type="checkbox"/> Fruits or Nuts																												
14. PEST DISTRIBUTION <input checked="" type="checkbox"/> FEW <input type="checkbox"/> COMMON <input type="checkbox"/> ABUNDANT <input type="checkbox"/> EXTREME		15. <input checked="" type="checkbox"/> INSECTS <input type="checkbox"/> NEMATODES <input type="checkbox"/> MOLLUSKS <table border="1"> <tr> <th>NUMBER SUBMITTED</th> <th>LARVAE</th> <th>PUPAE</th> <th>ADULTS</th> <th>CAST SKINS</th> <th>EGGS</th> <th>NYMPHS</th> <th>JUVE.</th> <th>CYSTS</th> </tr> <tr> <td>ALIVE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEAD</td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		NUMBER SUBMITTED	LARVAE	PUPAE	ADULTS	CAST SKINS	EGGS	NYMPHS	JUVE.	CYSTS	ALIVE									DEAD			2					
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ALIVE																														
DEAD			2																											
16. SAMPLING METHOD Pheromone		17. TYPE OF TRAP AND LURE Delta trap-plus-dispenser																												
18. TRAP NUMBER 201-18		19. PLANT PATHOLOGY - PLANT SYMPTOMS ("X" one and describe symptoms) <input type="checkbox"/> ISOLATED <input type="checkbox"/> GENERAL																												
20. WEED DENSITY <input type="checkbox"/> FEW <input type="checkbox"/> SPOTTY <input type="checkbox"/> GENERAL		21. WEED GROWTH STAGE <input type="checkbox"/> SEEDLING <input type="checkbox"/> VEGETATIVE <input type="checkbox"/> FLOWERING/FRUITING <input type="checkbox"/> MATURE																												
22. REMARKS Gypsy moth Detection Survey--pheromone Delta trap URGENT identification requested. Possibly a new county record. 23. TENTATIVE DETERMINATION Lymantria dispar (Linn.) Gypsy Moth 24. DETERMINATION AND NOTES (Not for Field Use)																														

FIGURE 6-2: PPQ Form 391 (Specimens for Determination)

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## Completing PPQ Form 391, Specimens for Determination

Information on how to complete each block follows:

- Block 1** Fill in a unique identification number beginning with the last two digits of the year, followed by the collector's initial, followed by the collector's number.
- For example, 01-JD-001
- (last two digits of 2001, collector John Doe, collector no.001).
- Blocks 2-14** Fill in as appropriate.
- Block 15** Indicate number of specimens submitted and their condition when collected (alive or dead) under the appropriate life stage heading.
- Block 16** Enter any of the following: pheromone trap, larval trap, or visual search.
- Block 17** If sampling involved trapping, list the specific type of trap and lure used. For example: Delta Trap, Disparlure.
- Block 18** Fill in.
- Blocks 19-21** Leave blank.
- Block 22** Fill in the type of survey conducted: Detection, Delimiting, Egg-mass, Larval Trapping. Also, if this specimen is a New County Record or a New State Record, write the word "URGENT" and handle as directed in M390.516.
- Block 23** Enter tentative identification for gypsy moth: *Lymantria dispar*.
- Block 24** Leave blank.

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## Distributing the PPQ Form 391

Distribute the PPQ Form 391 as follows:

1. Send the original and four copies with the sample to the Area Identifier.
2. Retain the yellow copy in the files of the work station.

